

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011145

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1296

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
39 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HospitalInside Limits
Yes ☒ No ☐c. CITY
OR TOWN Kansas CityInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
412 E. 41 St. NorthReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
JOHN LEE LODER4. DATE
OF DEATHMonth Day Year
MARCH 4, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-24-95

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Minister10b. KIND OF BUSINESS OR INDUSTRY
Church11. BIRTHPLACE (City and state or country)
Milan, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Sylvester Loder

13b. MOTHER'S MAIDEN NAME

Syphronia Owings

14. NAME OF HUSBAND OR WIFE

Ollie Loder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Records.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive retroperitoneal hemorrhage.

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Ruptured arteriosclerotic aneurysm of abdominal aorta.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a) Perinephric abscess, right.

Carcinoma of bladder; Obstructive uropathy, bilateral.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 1-24-62

to 3-4-62

and last saw him alive on

Death occurred at 6:30 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M. D. VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

3-4-62

23a. BURIAL, CREATION,
REMOVAL (Specify)
burial

23b. DATE

Mar. 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Smithville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Earp & Sons Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

3-5-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. Choy

VS 300
Rev. 4/59

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30682

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9451KH

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1276-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Epps

Licensed Embalmer No. 4728

P. O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.